

METRO PUBLIC HEALTH DEPARTMENT

VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF CERTIFICATE OF BIRTH

Do Not Send Cash

Check or Money Order Preferred

DATE: _____

Full Name at Birth: _____
First Middle Last

Indicate Any Legal Changes of Names: _____

Date of Birth: _____ Sex: _____
Month Day Year

Place of Birth: _____
City County State

Full Name of Father: _____ Race: _____

Full Maiden Name of Mother: _____ Race: _____

Last Name of Mother at Time of Birth: _____

Name of Doctor or Attendant at Birth (if known): _____

Hospital Where Birth Occurred: _____

Next Older Brother or Sister: _____ Younger: _____

Signature of Person Making Request: _____

Relationship: _____

Purpose of Copy: _____

Telephone Number where you may be reached for additional information: _____

Certificates are available from 1949 to the present for any birth occurring in Tennessee. You may order the following:

- A short form for births from 1949 to the present
- A long form for births from 1966 to the present (Davidson County births only)

Indicate the number of each type of certificate desired and enclose the appropriate fee:

_____ **Short Form - First Copy**
\$7.00

_____ **Each Additional Copy**
\$4.00

Short form is a certified transcript showing child's name, birth date, sex, county of birth, certificate number and file date (1976 - current year also shows parents' names). A short form cannot be issued if there are more than 12 first name letters, 10 middle name letters, and 14 last name letters. (Available approximately 90 days after the birth.)

_____ **Long Form - First Copy**
\$12.00

_____ **Each Additional Copy**
\$4.00

A fee of \$12.00 will be charged for a three (3) year or less search.

Fees subject to change without notice.

It is unlawful to willingly and knowingly make any false statement on this application.

All items must be completed in order for us to process your request.

Charge to my: ☐ VISA ☐ MASTERCARD

<input type="checkbox"/> Pick-Up	Amount Enclosed
<input type="checkbox"/> Mail	\$ _____

Account Number

Expiration Date

SIGNATURE

PRINT Name and Address of person requesting the Certified copy. (Address must be completed on all applications)

Name: _____


Street or Route: _____

City or Town: _____ State: _____ Zip: _____

SEND TO:

Metropolitan Health Department
Vital Records (Birth Section)
311 23rd Avenue, North
Nashville, Tennessee 37203

202-06-006 (Rev. 10/95)

 Request for ADA accommodation should be directed to John Dunn @ 340-2219